

**QUESTIONNAIRE AND APPLICATION FOR MEMBERSHIP
IN THE CRIMINAL JUSTICE ACT PANEL
FOR THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA**

The following Questionnaire and Application is to be completed by attorneys requesting to represent defendants under the provisions of the Criminal Justice Act in the United States District Court for the Southern District of Florida:

**THE APPLICANT IS HEREWITH APPLYING FOR APPOINTMENT AS A CJA
PANEL ATTORNEY.**

1. Name: _____

Office Address: _____

Office Phone: _____

Home Address: _____

Home Phone: _____

2. Education and Bar Admissions:

Graduated from _____ School of Law.

Year: _____

Admitted to practice in the
State of Florida on: _____

Admitted to practice in the United States
District Court for the Southern District
of Florida on: _____

Admitted to practice in the United States
Court of Appeals for the
Eleventh Circuit on: _____

Admitted to practice in the United States
Supreme Court on: _____

Others:

Jurisdiction or Court	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you Board Certified in any area of law?

Yes _____

No _____

If so, in what state(s) are you Board certified?

If so, are you Board Certified in (check appropriate box):

Criminal Trial _____ Appellate _____

Civil Trial _____ Other _____

3. Disciplinary Actions:

Have you ever been disciplined or have any complaints been filed against you or are you the subject of any pending disciplinary action by the Bar of any jurisdiction or by any Court? _____

If so, please explain in detail on a separate sheet of paper bearing your name and address what the discipline was and the nature of the conduct that led to the disciplinary action.

4. Practice Background (give dates by years):

Served as federal defender _____

Served as state defender _____

Served as federal prosecutor _____

Served as state prosecutor _____

Served in private practice _____

Served as a Law Clerk _____

Other: (please describe) _____

5. Have you at any time been a member of the CJA Panel for this Court? _____
For any other Court? (Please give court title.) _____

If so, please give dates:

6. Trial Experience:

Approximately how many criminal cases have you tried to verdict?

United States District Court: _____

Florida State Court: _____

Other State Court: _____

Approximately how many pleas and sentencings have you handled?

United States District Court:

(pre-guidelines) _____

(post-guidelines) _____

State Court: _____

Approximately how many civil cases have you tried to verdict?

All courts: _____.

Please list all trials that you have had in the last three years (attach additional sheet if necessary):

<u>Judge</u>	<u>Court*</u>	<u>Case Name and Number</u>	<u>Date of Trial</u>

* If a state court trial, please identify the county. If a federal trial outside the Southern District of Florida, please identify the district.

7. List your Continuing Legal Education (CLE) experience as a participant or lecturer in a criminal or trial advocacy program within the last three years.

8. Please briefly describe any other activity or experience which you have had which bears on your qualification to serve as CJA counsel (i.e., other teaching, bar activities, writing).

9. Describe briefly the nature of your present practice:

10. Are you fluent in any of the following foreign languages?

Spanish _____ Creole _____

Other _____

If other, please indicate which language(s)

11. It is likely that most appointments will be made to CJA lawyers who will rotate "duty" days in magistrates' court. Would you be available to serve in the courthouse as Duty Attorney on an assigned Duty Day?

Yes _____ No _____

12. In which federal courts are you available to receive appointment in (check boxes):

Dade [] Monroe []

Broward [] Ft. Pierce []

Palm Beach []

13. In which of the following categories of cases will you accept appointment (check boxes):

I. 0 to 5 days []	IV. 21 to 60 days []
II. 6 to 10 days []	V. 61 days and over []
III. 11 to 20 days []	

14. Are you willing to handle "cold record" appeals (appeals from trials in which you were not trial counsel):

Yes _____ No _____

15. Are you willing to handle *habeas corpus* cases?

Yes _____ No _____

It is your responsibility to notify the Federal Public Defender, in writing, if any of the above information changes.

I HEREBY CERTIFY that the aforesaid information is true and correct and that I have carefully read the provisions of 18 U.S.C. §3006A(d) and (e). I request that I be considered for appointment to the panel for representation of defendants under the Plan approved in accordance with the Criminal Justice Act of 1964, as amended by the CJA Revision of 1986.

Date: _____ Signature: _____

MAIL TO:

**Kathleen M. Williams, Federal Public Defender
Southern District of Florida
150 West Flagler Street
Suite 1500
Miami, Florida 33130-1555
(Attn: CJA Desk)**

ALSO:

Send a copy to:

**Clarence Maddox, Clerk/Administrator
United States District Court
Southern District of Florida
United States District Courthouse
301 North Miami Avenue
Miami, Florida 33128-7787
(Attn: CJA Desk)**